



**New Patient Information**

Name: \_\_\_\_\_ Todays Date: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

**Would you like to receive text message reminders?**  YES  NO

Email: \_\_\_\_\_  
\_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Relationship: \_\_\_\_\_

**General Information:**

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Sex:  Male  Female Occupation: \_\_\_\_\_

Daily Water Intake: \_\_\_\_\_ Do you Exercise:  YES  NO

How Often: \_\_\_\_\_

Tobacco Use:  YES  NO

List All Medications/any Chronic Illness:  
\_\_\_\_\_  
\_\_\_\_\_

Any Known Allergies to food/medications?  
\_\_\_\_\_

**How Did You Hear About Nu Image Aesthetics & Wellness Institute?**

Google/Web Search  Walked by/Local  Friend Referral  Employee Referral

Physician Referral  Groupon  Other

Who May We Thank for Referring you?  
\_\_\_\_\_

**Nu Image Services/Treatments:**

*Please check all services that you are interested in*

Laser Skin Resurfacing  RF Skin Tightening  Laser Hair Removal

IPL/Photofacial

- Hair Restoration  PRP Microneedling  HydraFacial  Botox/Fillers  Kybella (Chin Fat Reduction)  Chemical Peels  Facials  Massage Therapy  Weight Loss  
 SculpSure (Body Contouring)  SculpSure Submental (Chin Fat Reduction)  Breast augmentation  Rhinoplasty  Neck/Face Lift  Tummy Tuck

OTHER:

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_